

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ActBlue**

Full Name (Last, First, Middle Initial)

**A. REBECCA JAHN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2015

Mailing Address 725 SOUTHBLUFF DR

City	State	Zip Code
WESTERVILLE	OH	43082

Purpose of Disbursement  
Contribution Refund

Candidate Name

  
Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB28A\_25478031**

Amount of Each Disbursement this Period

25.00
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Refund of contribution, initially earmarked for  
DEMOCRATIC SENATORIAL CAMPAIGN  
COMMITTEE (C00042366)

Full Name (Last, First, Middle Initial)

**B. DOUG JAMES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Mailing Address 1570 WESTRIDGE CIRCLE

City	State	Zip Code
BILLINGS	MT	59102

Purpose of Disbursement  
Contribution Refund

Candidate Name

  
Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB28A\_25464106**

Amount of Each Disbursement this Period

5.00
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Refund of contribution, initially earmarked for ACTBLUE  
(C00401224)

Full Name (Last, First, Middle Initial)

**C. DOUG JAMES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Mailing Address 1570 WESTRIDGE CIRCLE

City	State	Zip Code
BILLINGS	MT	59102

Purpose of Disbursement  
Contribution Refund

Candidate Name

  
Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB28A\_25464105**

Amount of Each Disbursement this Period

50.00
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Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

80.00
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